APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	TATION			· · ·		=
	· · · · · · · · · · · · · · · · · · ·			DATE		
NAME	SOCIAL SECURITY NUMBER					
LAST	FIRST	MID	DLE	TVOIVIDELL		LAST
PRESENT ADDRESS	STREET		CITY		STATE ZIP	4
PERMANENT ADDRESS						
PHONE NO.	STREET	VOLL 40	CITY YEARS OR OLD		STATE ZIP	
ARE YOU PREVENTED FRO	M LAWFULLY BECOMING EMPLOYED E OF VISA OR IMMIGRATION STATUS:		s 🗆		NO LJ	
EMPLOYMENT DES	IRED					=
POSITION		DATE	YOU START	SAI	LARY SIRED	
ARE YOU EMPLOYED NOV	IE SO MAY WE INCHIBE					
EVER APPLIED TO THIS C	APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
REFERRED BY						
EDUCATION	NAME AND LOCATION OF SCH	lOOL	*NO OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL						
HIGH SCHOOL						<u></u>
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL SUBJECTS OF SPECIAL S	TUDY OR RESEARCH WORK					
	TOD. OTH ILOLARON WORK					
SPECIAL SKILLS						
ACTIVITIES: (CIVIC, ATHLE EXCLUDE ORGANIZATIONS, THE	ETIC, ETC.) NAME OF WHICH INDICATES THE RACE, CREE	D, SEX, AG	E, MARITAL STATUS	S, COLOR OR NATION	NOF ORIGIN OF ITS MEMBERS.	
U.S. MILITARY OR NAVAL SERVICE	RANI	PRESENT MEMBERSHIP IN RANK NATIONAL GUARD OR RESERVES				

^{*}This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYI	ERS (LIST BELOW LAST	THREE EMPLOYERS, S	TARTING WITH L	.AST ONE FIRST).					
DATE MONTH AND YEAR	NAME AND ADDRE	S OF EMPLOYER SALARY		POSITION	REASON FOR LEAVING				
FROM									
TO	<u> </u>								
FROM									
TO FROM									
TO									
FROM	***************************************			•					
TO									
WHICH OF THESE JOB	S DID YOU LIKE BEST?								
WHAT DID YOU LIKE N	MOST ABOUT THIS JOB?								
REFERENCES: GIVE	THE NAMES OF THREE	PERSONS NOT RELATE	D TO YOU, WHO	M YOU HAVE KNOW!	N AT LEAST ONE YEAR.				
NAME		ADDRESS & PHON	E NO.	BUSINESS	YEARS ACQUAINTED				
1				······································					
2				·					
3		· · · · · · · · · · · · · · · · · · ·							
IT IS UNLAWFUL CONDITION OF E SUBJECT TO CRI	S STATEMENT APPLIES IN: . IN THE STATE OF	ED EMPLOYMENT. AN E VIL LIABILITY.	TO REQUIRE OR A	DMINISTER A LIE DETE	OTOR TEST AS A HALL BE				
IN CASE OF EMERGENCY NOTIFY									
ANY FALSE INFORM EMPLOYED, MY EMI IN CONSIDERATION EMPLOYMENT AND EITHER MY OR THE MAY BE CHANGED, NO COMPANY REPERAS ANY AUTHORIT	ATION, OMISSIONS, OR MI PLOYMENT MAY BE TERM OF MY EMPLOYMENT, I AC COMPENSATION CAN BE COMPANY'S OPTION. I ALS	AITTED BY ME ON THIS A SREPRESENTATIONS AR INATED AT ANY TIME. SREE TO CONFORM TO T TERMINATED, WITH OR SO UNDERSTAND AND A E, AND WITH OR WITHO N IT'S PRESIDENT, AND REEMENT FOR EMPLOYI	E DISCOVERED, N HE COMPANY'S F WITHOUT CAUSE GREE THAT THE ' OUT NOTICE, AT A I'HEN ONLY WHEI	IY APPLICATION MAY E RULES AND REGULATIO , AND WITH OR WITHO TERMS AND CONDITION NY TIME BY THE COME N IN WRITING AND SIG	PANY. I UNDERSTAND THAT SNED BY THE PRESIDENT,				
DATE	SIGNATURE								
		DO NOT WRITE B	ELOW THIS LIN	NE					
INTERVIEWED BY					DATE				
REMARKS:									
NEATNESS			ABILITY						
HIRED: ☐ Yes ☐] No	POSITION		DEPT.					
SALARY/WAGE		DATE REPORTING TO WORK							
APPROVED: 1.	EMPLOYMENT MANAGER	<u>2.</u>	EPT. HEAD	3. G	ENERAL MANAGER				

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.